

Vonda M. Wallace
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/831272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3		2					53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13		2					63					
14							64					
15		2					65					
16		(1)					66					
17		(1)					67					
18		(1)					68					
19		(1)					69					
20		(1)					70					
21		(1)					71					
22		(1)					72					
23							73					
24							74					
25		2					75					
26		(1)					76					
27							77					
28							78					
29		(1)					79					
30		(1)					80					
31		(1)					81					
32							82					
33		(1)					83					
34		(1)					84					
35							85					
36							86					
37		(1)					87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL	4						TOTAL					
IND.	40						IND.					
DEP.	24						DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					